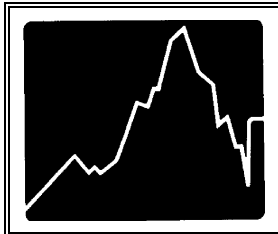


COMMONWEALTH OF VIRGINIA

BOARD OF COUNSELING



Department of Health Professions
9960 Mayland Drive, Suite 300
Richmond, Virginia 23233-1463
(804) 367-4610

Website: <http://www.dhp.virginia.gov/counseling>

REQUEST FOR VERIFICATION OF VIRGINIA LPC, LMFT, LSATP, CRP, CSAC or CSAC-A LICENSE OR CERTIFICATION

There is a **\$30.00 fee** for out-of-state licensure verifications. The request for License Verification will need to accompany any verification request or form from another state. Please include a \$30.00 check or money order made payable to the "Treasurer of Virginia."

License Verification will provide the following information:

- Type of license
- License status
- Licensure method
- License Number
- Disciplinary History
- Expiration Date
- Issue Date

All verifications are completed in the order received. Please allow approximately 5-7 business days after receipt for processing. Please mail your request to:

Department of Health Professions
Board of Counseling
9960 Mayland Drive, Suite 300
Richmond, VA 23233-1463

Licensee's Full Name (Last, First)

Licensee's Address (Street and/or Box Number, City, State, Zip)

Licensee's Telephone Number

Licensee's Email Address

License Number or Certification Number

Last four digits of your Social Security Number

XXX-XX- ____ ____ ____ ____

Address where verification should be mailed (Street and/or Box Number, City, State, Zip Code)

Does the state where you are applying **require** a copy of your application file?

Yes

No

Does the state where you are applying **require** a copy of your exam scores?

Yes

No

SIGNATURE OF LICENSEE _____ DATE _____